

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE

An Activity of

MINNIE STEVENS PIPER FOUNDATION

1250 NE Loop 410, Suite 810

San Antonio, Texas 78209-1539

Phone:(210) 525-8494 Fax:(210) 341-6627 Email:tbinkley@mspf.org

**STUDENT APPLICATION FOR: RANDOLPH SPOUSES' CLUB SCHOLARSHIP
DEADLINE: NOVEMBER 2, 2020**

The Bexar County Scholarship Clearing House (BCSCH) is a Clearing House for scholarships. This means we offer a standardized application form and register applicants at a central location. This saves time for students, plus aids the sponsoring organization in their selection process. **The deadline is 4:00 p.m. MONDAY, NOVEMBER 2, 2020.**

Submitting a scholarship application does not guarantee a scholarship. Therefore, you are encouraged to apply for all financial aid opportunities available to you through other sources, including the financial aid office at the college or university of your choice.

Completing your application with attention to every detail plays an important part in your chances of being selected as a scholarship recipient. Please note the following helpful hints:

- Remember the deadline: Students are responsible for meeting the Clearing House deadline above. That means your application must be in our office on that day, without exception.
- Military Affiliation section: Must be completed if applying for RSC Scholarship (see page 3 of application).
- Complete all sections of application: For example, do not skip the financial information section, the college preference section or the parent signature section if you want your application to be considered complete.
- The Letter of Recommendation needs to be from an adult who is not a relative. It should reference your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility.
- Declare a degree or major: Selecting an area of interest other than "Undecided" should not be underestimated.
- List all Activities: Selection is weighed heavily on community activities, volunteer service, employment and extra-curricular activities. Including a personal resumé with your application is suggested.
- Personal Narratives should be limited to 200-400 words, typed. Edit and use spell-check for errors. Print your name at the top and sign your name at the bottom. Within your autobiography briefly describe your educational and/or career goals, choice of college, and if/how a specific person, event or situation may have impacted those decisions. Well written essays can often be the deciding factor among highly ranked candidates.
- Special Essay for RSC in response to this question - How do you believe your college degree will make an impact on the following: 1) your local community; 2) the country; and 3) globally?

NOTE: If you are chosen as an award recipient of any scholarship program, the sponsoring organization will contact you directly. BCSCH is not responsible for notifying scholarship winners.

TO THE COUNSELOR To ensure accurate and timely processing of information please submit ALL documents for each student as an individual packet secured with a paperclip (no staples, please). DO NOT copy as a 2-sided document, write on the back, or place into folders. Students may include a personal resume highlighting activities. A complete packet for each individual student will consist of the following:

CHECKLIST:

- Application (pages 1-3)
- Military Affiliation (page 3)
- Signatures of both Student and Parent or Legal Guardian (on page 3)
- Transcript of completed courses
- Transcript of pending senior year courses
- Test Scores: ACT or SAT (printed from College Board or ACT, Inc.)
- Advanced Placement (AP) exam scores, if applicable
- Adult Recommendation (adult, non-relative)
- Evaluation from Counselor
- Evaluation from English Teacher
- Evaluation from Other Teacher
- Personal Narrative (200-400 words, typed)
- Additional essay as requested by RSC scholarship committee
- Student Name printed on all pages submitted with application



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2020-2021 APPLICATION FOR RANDOLPH SPOUSES' CLUB SCHOLARSHIP

S T U D E N T I N F O R M A T I O N

Mr. ___/Miss ___ _____ Last 4 digits of SSN # _____
First Middle Last
 Address _____
Number & Street City State Zip Code
 Primary Phone: _____ Alternate Phone: _____ Email: _____
 High School you now attend: _____ Previous School: _____
 Age ___ Date of Birth _____ Are you a U.S. Citizen? ___ or Permanent Resident? ___

P A R E N T I N F O R M A T I O N (or legal guardian)

Father's Name: _____ **Age** _____
 email: _____
Home Address _____ **Home #** _____
Number & Street City State Zip Code Work #
Father's Employer: _____ **Job Title** _____
Company Name City/State
Mother's Name: _____ **Age** _____
 email: _____
Home address _____ **Home #** _____
Number & Street City State Zip Code Work #
Mother's Employer: _____ **Job Title** _____
Company Name City/State
 IF APPLICABLE, stepfather's name and employer _____
 IF APPLICABLE, stepmother's name and employer: _____
 Parents are: Married ___ Divorced ___ Separated ___ Remarried ___ Widowed ___
 If parent(s) is(are) deceased, please check: Father ___ Mother ___
 Number of immediate family members residing in your home (INCLUDE parents and yourself): _____
 List ages of all family members currently residing in your home: _____

F I N A N C I A L I N F O R M A T I O N:

2019 Annual gross income of family: _____
 Amount indicated should include the
 2019 reported income for parent(s)
 or legal guardian with whom you reside
 and any income earned yourself.

1. Under \$15,000 _____	6. 65,000- 84,999 _____
2. \$15,000-24,999 _____	7. 85,000-119,999 _____
3. \$25,000-34,999 _____	8. 120,000-149,999 _____
4. \$35,000-49,999 _____	9. 150,000-199,999 _____
5. \$50,000-64,999 _____	10. 200,000-249,999 _____
	11. 250,000 and up _____

Who will be responsible for financing your college education? _____
 Will you be receiving Veterans Educational Benefits for college? _____

NOTE: SOME SCHOLARSHIP DONORS MAY REQUEST VERIFICATION OF INCOME TO ESTABLISH FINANCIAL NEED.

FINANCIAL INFORMATION (cont'd)

Do you have a savings account for college expenses? _____ If so, indicate amount \$ _____
 Indicate the number of family members in your household who will be in college (or vocational/technical school) at least half-time next year (2021-2022). INCLUDE YOURSELF! _____
 Medical/Dental expenses for 2020 not covered by insurance: _____
 Excluding mortgage/rent and cost-of-living expenses, describe any extra outstanding expenses: _____

Any comments/additional information (if there are unusual circumstances in your family which may be pertinent to applying for scholarships, please briefly explain here): _____

SCHOOL PREFERENCE / INTENDED MAJOR

College or university you wish to attend:

1st choice _____
Name City State

2nd choice _____
Name City State

Choose your college major from the codes for Programs of Study as found on page 4.

Intended Major(s): _____ or Code #(s) _____ Intended Career: _____
 Explain any educational plans you may have beyond four years of college: _____

SCHOOL / COMMUNITY ACTIVITIES

(Include a personal resumé or additional pages as needed, but please do not write on back)

Activities	# of Years	Note your role, offices held, awards received

EMPLOYMENT RECORD

Present Employer: _____ Dates worked: From _____ To _____
 Job Title/Duties: _____ Hours worked per week: _____

Past Employer: _____ Dates worked: From _____ To _____
 Job Title/Duties: _____ Hours worked per week: _____

E T H N I C I T Y / H E R I T A G E

The information in this section is strictly optional and will not be used in the screening or selection process for Randolph Spouses' Club

Which of the following categories best describes you? (choose one or more)

- | | |
|--|-------------------------------|
| _____ 1-American Indian or Alaskan native | _____ 6-Italian American |
| _____ 2-Asian American or Pacific Islander | _____ 7-Puerto Rican |
| _____ 3-Black or African American | _____ 8-Hungarian |
| _____ 4-White or Caucasian | _____ 9-Other (specify _____) |
| _____ 5-Hispanic | |

M I L I T A R Y A F F I L I A T I O N (if applicable)

NAME OF YOUR MILITARY SPONSOR _____ Last 4 digits of SSN# _____

Indicate your relationship to sponsor, their military branch, rank and years served:

	Father	Mother	Stepfather	Stepmother	Grandmother	Grandfather
Army	_____	_____	_____	_____	_____	_____
Air Force	_____	_____	_____	_____	_____	_____
Coast Guard	_____	_____	_____	_____	_____	_____
Marines	_____	_____	_____	_____	_____	_____
Navy	_____	_____	_____	_____	_____	_____
YEARS SERVED	_____	_____	_____	_____	_____	_____
RANK	_____	_____	_____	_____	_____	_____

ACTIVE DUTY: Parent/Sponsor is stationed at: _____

Is your active duty parent or sponsor on a remote tour: Yes ___ No ___

RETIRED: Indicate the appropriate reason your sponsor retired from the military:

Medical Retirement ___ After 20 years of service ___ From which military base _____

DEATH OF PARENT while on active duty: Yes ___ No ___ Station at time of death _____

RESERVE STATUS (check category): Currently Active ___ NOT currently active ___ Retired ___

Years Served ___ Rank ___ Military Branch ___ Reserve Duty Station _____

VETERAN STATUS (check category): Years Served ___ Rank ___ Military Branch _____

Military Base at time of Discharge _____

STUDENT IS ENROLLED IN DEERS PROGRAM? ___ Yes ___ No

S T U D E N T / P A R E N T A C K N O W L E D G E M E N T (OR LEGAL GUARDIAN)

We understand that this is only a Scholarship Application and that neither Minnie Stevens Piper Foundation nor the Bexar County Scholarship Clearing House makes any representations or assurances regarding the award or availability of scholarships.

We authorize and request the Bexar County Scholarship Clearing House to release the information contained herein, parents' financial statements, and all other information contained in student's Application Packet, to possible donors and/or colleges and universities upon request of such donors and/or colleges and universities.

A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.

Student (signature required) _____ Date _____ Parent (or legal guardian - signature required) _____ Date _____

	CODES FOR PROGRAMS OF STUDY 2020-2021	
0100-Other:		2600-NATURAL SCIENCES, general
1000-AGRICULTURE, general	1800-FINE ARTS, general	2601 Astronomy
1001 Animal Science	1801 Art	2602 Biology
1002 Forestry	1802 Art History	2603 Botany
1003 Horticulture	1803 Dance	2604 Chemistry
1004 Wildlife Management	1804 Dramatic Arts	2605 Earth Sciences
	1085 Music	2606 Environmental Science
	1806 Music History	2607 Geography
1100-ARCHITECTURE, general	1807 Oratory (speech/debate)	2608 Geology
1110 Landscape		2609 Oceanography
	1900-HOME ECONOMICS, general	2610 Physics
1200-BUSINESS, general	1901 Fashion Design	2611 Zoology
1201 Accounting	1902 Fashion Merchandising	2612 Meteorology
1202 Banking	1903 Interior Design	
1203 Economics		2800-NUTRITION, general
1204 Finance	2000-LANGUAGES, general	2801 Dietetics
1205 Insurance	2001 French	
1206 Management	2002 German	2900-PHILOSOPHY, general
1207 Marketing	2003 Italian	2901 Religion
1208 Human Resources	2004 Japanese	
	2005 Latin	3000-PRE-PROFESSIONAL PROGRAMS
1300-COMMUNICATIONS, general	2006 Spanish	3001 Pre-Dentistry
1301 Advertising	2007 Other:	3002 Pre-Law
1302 Journalism		3003 Pre-Medicine
1303 Photography	2100-LAW ENFORCEMENT, general	3004 Pre-Veterinary Medicine
1304 Public Relations	2101 Computer Forensics	
1305 Radio-TV-Film	2102 Criminal Justice	3100-SOCIAL SCIENCES, general
	2103 Forensic Science	3101 Anthropology
1400-COMPUTER SCIENCE, general		3102 Archaeology
1401 Programming	2200-MATHEMATICS, general	3103 History
1402 System Analysis		3104 International Relations
1403 Cyber Security	2300-MEDICAL FIELDS, general	3105 Political Science
	2301 Biomedical Technician	3106 Psychology
1500-EDUCATION, general	2302 Chiropractic	3107 Social Work
1501 Elementary Education	2303 Dental Assisting	3108 Sociology
1502 Secondary Education	2304 Dental Hygiene	
1503 Health Education	2305 Emergency Medical Tech	3200-TRADE/VOCATIONAL FIELDS
1504 Physical Education	2306 Medical Assistant	3201 Aeronautical/Aviation
1505 Special Education	2307 Medical Technician	3202 Air Cond./Heating Tech
	2308 Mental Health Technician	3203 Airline/Travel careers
1600-ENGINEERING, general	2309 Nursing, general	3204 Auto Mechanics
1601 Aerospace Engineering	2310 Occupational Therapy	3205 Business Technology
1602 Biomedical Engineering	2311 Optometry	3206 Carpentry/Construction
1602 Chemical Engineering	2312 Pharmacy	3207 Cosmetology
1603 Civil Engineering	2313 Physical Therapy	3208 Culinary Arts
1604 Electrical Engineering	2314 Physician Assistant	3209 Drafting
1605 Electronic Engineering	2315 Public Health	3210 Electronics
1606 Industrial Engineering	2316 Radiology	3211 Graphic Arts
1607 Mechanical Engineering	2317 Sports Medicine	3212 Hotel/Food Service Mgmt
1608 Nuclear Engineering	2318 Surgical Technology	3213 Industrial Arts
1609 Petroleum Engineering	2319 Respiratory Therapy	3214 Machine-Working
1610 Structural Engineering	2320 Speech Therapy	3215 Masonry
		3216 Metal-Working
1700-ENGLISH, general	2500-MORTUARY SCIENCE, general	3217 Plumbing
1701 Classics		3219 Real Estate
1702 Creative Writing		3220 Secretarial
1703 Linguistics		3221 Welding
1704 Literature		

RANDOLPH SPOUSES' CLUB SCHOLARSHIP

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to cite your personal experiences with the student which may be beneficial in our assessment.

Student's Name _____ High School _____
First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	<u>GOOD</u>	<u>VERY GOOD</u>	<u>EXCELLENT</u>	<u>UNKNOWN</u>
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

Evaluator: _____ Title/Department: _____
(print first and last name)

Signature: _____ Email: _____

****SUBMIT THIS FORM WITH THE STUDENT'S APPLICATION PACKET - DO NOT MAIL SEPARATELY****

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